			⊏πect	ive October 1,	2003	-COUD.	1				
	.=	, CL	AIMS AS	FILED - PAR		10551985					
,	TOTAL (TOTAL CLAIMS		(Column 1)	(Column 2)	SMAL TYPE	L ENTITY	OT	OTHER THAN		
	FOR	FOR		All III ADE		RAT	E FEE	T SMA	ALL ENTITY		
	TOTAL CHARGEABLE CLAIMS			NUMBER FILED	NUMBER EXTR	BASIC		RAT			
	INDEPENDENT CLAIMS			minus 20=	*	X\$ 9		OR BASIC	FEE 770.00		
	MULTIPLE DEPENDENT CLAIM PR			minus 3 =	*	X43=		OR X\$18	=		
ľ						+145=		OR :X86=	1		
1		CLAIMS	AS AM	s than zero, enter		TOTAL OR TOTAL					
11	4	(Colur CLAI	(41))	(Colum	n 2) (Column c				R THAN		
			NING	HIGHE NUMBI	ST DOSE	SMALL		OR SMALL	ENTITY		
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I	FIRST PE		Mini	IS ***	=	X\$ 9=	0	R X\$18=			
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	0/4/05	(Column	1)			TOTAL ADDIT. FEE		· L I			
18	CLAIMS REMAINING			(Column :	(39,6/1///3)			TOTAL ADDIT. FEE			
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Ĭ,	Independen		Minus	- 0	= :	X\$ 9=		X\$18=	FEE		
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T		(Column 1)		(Column 2)	(Column a)	ADDIT. FEE	OR A	TOTAL DDIT. FEE			
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1	tal	AMENDMENT	· ·	PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE TIO	MALE I		DDI-		
-	lependent	*	Minus	**	1	FE			ONAL EE		
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the	the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." He "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR TOTAL ADDIT. FEE OR ADDIT. FEE										
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